



# STATE OF INDIANA

Michael R. Pence, Governor

Kent W. Abernathy, Commissioner

## DEALER OFF-ROAD VEHICLE/SNOWMOBILE REGISTRATION

### Title Application Checklist

Dealer ORV/SN registration applications are processed by the BMV Central Office to improve the security and efficiency of these transactions. Prior to submitting each application, verify all required information is included. Contact (888) 692-6841 with any questions.

A dealer ORV/SN registration is required for vehicles used for demonstration and testing purposes only, pursuant to IC §9-18-2.5-11.

When submitting paperwork, include the following:

- ☐ [Application for Dealer Off-Road Vehicle/Snowmobile Registration – State Form 52828](#)
- ☐ Applicable fees payable by MasterCard or Visa, check, electronic check, or money order.
  - New ORV/SN Certificate of Registration (includes two (2) decals)- \$30.00
  - Replacement Decal - \$6.00
  - Duplicate Certificate of Registration Documentation - \$15.00

For your convenience, the required forms are included with this checklist. The forms are also available at [myBMV.com](http://myBMV.com). Mail the completed packet to:

**Central Office Title Processing**  
**100 North Senate Avenue, Room N411**  
**Indianapolis, IN 46204**

**Please include this checklist and contact information with your application. If all required documents are not submitted or information is incomplete, the entire application will be returned.**

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email (optional) \_\_\_\_\_



# APPLICATION FOR DEALER OFF-ROAD VEHICLE / SNOWMOBILE REGISTRATION

State Form 52828 (R / 2-15)

Approved by State Board of Accounts, 2015

Indiana Bureau of Motor Vehicles

## BUREAU OF MOTOR VEHICLES

100 North Senate Avenue

Room N411

Indianapolis, IN 46204

### INSTRUCTIONS:

1. Complete in blue or black ink or print form.
2. Applicant must be registered with the Indiana Secretary of State with a valid dealer license.
3. Decals are valid for three (3) years and will expire on January 31<sup>st</sup> of the expiration year.
4. Mail completed form with payment to address above.

### DEALER INFORMATION

|                                   |                |               |          |
|-----------------------------------|----------------|---------------|----------|
| Name of Dealership                |                | Dealer Number |          |
| Legal Address (number and street) | City           | State         | ZIP Code |
| Telephone Number<br>(      )      | E-mail Address |               |          |

### DEALER REGISTRATION REQUEST

(Complete the following information for each registration, attach additional sheets if necessary.)

☐ **NEW CERTIFICATE OF REGISTRATION(S) AND DECALS:** \$30.00 for each three (3) year registration.

| Vehicle Type     | Number of Registrations Requested (Includes two (2) decals.) |
|------------------|--|
| Off-Road Vehicle |  |
| Snowmobile       |  |

☐ **DUPLICATE CERTIFICATE(S) OF REGISTRATION:** \$15.00 per registration (Does not include decals.)

|                      |  |
|----------------------|--|
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |

☐ **REPLACEMENT DECALS:** \$6.00 per set of replacement decals (Includes two (2) decals.)

|                      |  |
|----------------------|--|
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |
| Registration Number: |  |

### AFFIRMATION AND SIGNATURE

This affidavit is submitted to request the State of Indiana, Bureau of Motor Vehicles issue an Indiana Certificate of Registration. I swear or affirm under the penalty of perjury that the above information is true and correct, and the registrations will be used for demonstration and testing purposes only pursuant to IC 9-18-2.5-11. I agree to indemnify and hold harmless the Indiana BMV from any liability arising from this transaction.

|                           |                        |                          |
|---------------------------|------------------------|--------------------------|
| Printed Name of Applicant | Signature of Applicant | Date Signed (mm/dd/yyyy) |
|---------------------------|------------------------|--------------------------|



## ***Payment Information***

*Pay by:*

*Check or money order*

*Credit Card (MasterCard or Visa)*

*Electronic check*

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card indicated below:*

*Type of card:*      ☐ *MasterCard*      ☐ *Visa*

*Name of cardholder:* \_\_\_\_\_

*Account*

*Number:* \_\_\_\_\_

*Expiration*

*Date:* \_\_\_\_\_

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the checking account indicated below:*

| <i>Routing Number</i> |  |  |  |  |  |  |  |  |  | <i>Account Number</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |